



Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

APPLICATION FOR OCCUPANCY

Received
Date: _____
Time: _____

Development Name _____

1. Name _____ Date _____
Social Security No. _____ Driver's License No. _____
2. Date Occupancy Desired _____ Bedroom Size Desired 1 2 3 4
Term of Lease (years) _____ Barrier Free Unit? Yes _____ No _____
Monthly Rent \$ _____
3. Present Address _____
Street Name & Number _____ City _____ State _____ Zip _____
Home Phone No. _____ How Long There? _____
Present Monthly Rent \$ _____
Name of Present Landlord _____ Telephone No. _____
Are you a student? Yes _____ No _____ If so, where? _____
4. Name, age and sex of all persons who will occupy unit (including temporarily absent members). Age is used to determine eligibility for senior and elderly housing.

Name	Sex	Date of Birth	Relationship	Elderly	Student

If you are applying for eligibility of elderly status, you will be required to provide written documentation of being 62 years of age or older, or disabled of any age. Elderly status qualifies you for medical expenses exceeding 3% of your annual income and a \$400 per year household deduction.



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5. Employer / Income Information

Applicant's Employer _____ Supervisor _____

Employer's Address _____ City _____ Telephone # () _____

Job Title _____ How long have you had this job? _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____

Co-Applicant's Employer _____ Supervisor _____

Employer's Address _____ City _____ Telephone # () _____

Job Title _____ How long have you had this job? _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____

Public Assistance/Welfare Caseworker Name _____ Telephone # () _____

Monthly Grant Amt \$ _____ Monthly Amt for Food Stamps \$ _____ How long have you rec'd Assistance? _____

\$ _____ Social Security received per month (include Medicare)

\$ _____ SSI received per month.

\$ _____ Pension received per month.

\$ _____ Veterans Administration benefits received per month.

\$ _____ Worker's Compensation received per week.

\$ _____ Child Support or Alimony received per week.

\$ _____ Unemployment Benefits received per week.

\$ _____ Interest earned per year.

\$ _____ Other (specify) _____

6. Bank Reference

Name _____

Address _____

7. Personal Reference (Non-Family)

Name _____

Address _____



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8. Credit Reference

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

9. Notify in case of accident _____ Telephone _____

10. How did you learn about these apartments? Newspaper _____ Radio _____ Resident _____

Drive By _____ Road Signs _____ Other _____

Please note that this is an application and gives no lease or rent rights. Additional information and a deposit will be required at a later date to complete processing.

I authorize Medallion Management Inc., to obtain a copy of my credit report through the credit-reporting agency of their choice to verify any and all information made on this application.

Statement Required By the Privacy Act

RURAL DEVELOPMENT (RD) IS AUTHORIZED BY TITLE V OF THE HOUSING ACT OF 1949, AMENDED (42 U.S.C. 1471 ET. SEQ.) TO SOLICIT INFORMATION REQUESTED ON THIS FORM. DISCLOSURE OF THE INFORMATION REQUESTED IS VOLUNTARY. HOWEVER, FAILURE TO DISCLOSE CERTAIN ITEMS OF INFORMATION MAY RESULT IN A DELAY IN THE PROCESSING OF YOUR ELIGIBILITY OR REJECTION, EXCEPT THAT IT IS UNLAWFUL FOR RD TO DENY ELIGIBILITY BECAUSE OF THE REFUSAL TO DISCLOSE THE SOCIAL SECURITY NUMBER. THE PRINCIPLE PURPOSES FOR COLLECTING THE REQUESTED INFORMATION ARE TO DETERMINE ELIGIBILITY FOR OCCUPANCY IN THE RD FINANCED RENTAL PROJECT AND TO DETERMINE THE AMOUNT OF THE TENANT CONTRIBUTION FOR RENT. THE INFORMATION COLLECTED ON THIS FORM MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE AND LOCAL AGENCIES WHEN RELEVANT TO CIVIL, CRIMINAL OR REGULATORY PROCEEDINGS.

I HEREBY CERTIFY THAT THIS UNIT WILL BE MY PRIMARY RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

Applicant _____ Date _____

Co-Applicant _____ Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES: THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE, THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL



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APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Applicant:

National Origin: Hispanic/Latino _____ Non-Hispanic/Latino _____
Race: American Indian/Alaskan Native _____ Asian _____ Black/African American _____
Native Hawaiian/Pacific Islander _____ White _____
Sex: Male _____ Female _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at

http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



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RD Tax Credit Properties
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.



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	Yes	No	COMPLETE EACH ITEM:
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
CHILD SUPPORT			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.



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	Yes	No	COMPLETE EACH ITEM:
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____
	Yes	No	COMPLETE EACH ITEM:
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature _____

Date _____



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AUTHORIZATION FOR CREDIT and CRIMINAL HISTORY

Date _____

Name First _____ Middle _____ Last _____

Address _____

Date of Birth _____

Male or Female _____

Social Security # _____

I hereby authorize Medallion Management, Inc. to investigate my credit status, criminal history, sex offender registration and also agree to furnish any other information relative to my credit and criminal standing past and present; and release the same to representatives of Medallion Management, Inc.

I expressly authorize owner, or owner's agent (including a collection agency) to obtain by consumer credit report, which owner or owner's agent may use if attempting to collect past due rent payments, late fees, or other charges from me, both during the term of the lease and thereafter.

Signature: _____ Date: _____

Please run credit check _____ run criminal check _____

Property Manager Approval: _____ Development Code: _____

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